

FILED
Jun 11, 2002 8:00 am
Secretary of State

04-22-2002 90152 028 ****50.00

4/2

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005917

1. Entity Name

1502, LLC

Principal Place of Business

Mailing Address

2509 63RD AVENUE E
 BRADENTON FL 34203

2509 63RD AVENUE E
 BRADENTON FL 34203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

383341697

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PRICE, BEN E~~
~~1211 GULF OF MEXICO DR., UNIT 010~~
~~LONGBOAT KEY FL 34228~~

Name WILLIAM H. HICKS

Street Address 2509 63RD AVE EAST

City BRADENTON

FL

34203

A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

William H. Hicks

William H. Hicks

1/16/02

Signatures, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

MANAGING MEMBER

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
BEN E. PRICE	1211 GULF OF MEXICO DRIVE #910	LONGBOAT KEY, FL. 34228	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ben E. Price **REQUIRED**

1/16/02

941-752-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CFR2E083 (8/01)